## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 04, 2002 8:00 am Secretary of State DOCUMENT # P93000024440 1. Entity Name : The SHOT 08-04-2002 90167 007 \*\*\*150.00 LEV SOFTWARE, INC. Principal Place of Business Mailing Address 8200 WEST SUNRISE BLVD STE A-4 8200 WEST SUNRISE BLVD STE A-4 972394 PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0407028 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAFFER, HENRY ESQ Street Address (P.O. Box Number is Not Acceptable) 8200 WEST SUNRISE BLVD STE A-4 PLANTATION FL 33322 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 5 1/4.2011 13 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V Salies D游走一场合 ☐ Delete TITLE ☐ Change Addition LEVY, SHIRA NAME NAME 693 RACOURT CLUB DR. 140-2 CR2E034 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE D Delete TITLE Change Addition NAME LEVY, BENJAMIN NAME STREET ADDRESS 693 RACQUET CLUB DR. 140-2 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ress, with all other like empowered

changed, or on an attachment with an ack

**FILED** 

Attachment G72394 P93000024448

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

July 30, 2002

To Whom it May Concern,

We realize that this form and payment of \$150 is late, and we apologize for it. The reason is that we did-not-receive the notice-until-2 days-ago.—If you———check our records we have always paid on time, and for some reason the paperwork was delayed in getting to us this time around.

. Thank you in advance for your patience and understanding.

Sincerely,

Shira Levy

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65-0407028